



COVID-19 Vaccination Billing Resources

March 30, 2021

Cost

How much will the vaccines cost?

There is no cost. They are free to everyone, even if you do not have health insurance. The federal government is covering the cost.

Source: <https://files.nc.gov/covid/documents/COVID-19-Vaccine-Update.pdf>

"All providers must vaccinate individuals regardless of whether they have health insurance coverage or what type of coverage they have and are prohibited from balance billing or otherwise charging vaccine recipients."

Source: <https://www.medicaid.gov/state-resource-center/downloads/covid-19-vaccine-toolkit.pdf>

Coding

"The American Medical Association (AMA) published an update to the Current Procedural Terminology (CPT®) code set that includes new vaccine-specific codes to report immunizations for the novel coronavirus (SARS-CoV-2, COVID-19).

This level of specificity offers the ability to track each vaccine dose, even when the vaccine product is not reported (e.g., when the vaccine may be given to the patient for free). These CPT codes report the actual work of administering the vaccine, in addition to all necessary counseling provided to patients or caregivers and updating the electronic record."

Pfizer-BioNTech Vaccine

91300: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use.

0001A: Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose.

0002A: Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose.

Moderna COVID-19 Vaccine

91301: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use.

0011A: Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose.

0012A: Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose.

Janssen COVID-19 Vaccine

91303: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10¹⁰ viral particles/0.5mL dosage, for intramuscular use.

0031A: Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10¹⁰ viral particles/0.5mL dosage, single dose.

Source: American Medical Association

<https://www.ama-assn.org/system/files/2020-11/covid-19-immunizations-appendix-q-table.pdf>

<https://www.ama-assn.org/press-center/press-releases/ama-announces-vaccine-specific-cpt-codes-coronavirus-immunizations>

<https://www.ama-assn.org/press-center/press-releases/ama-announces-update-covid-19-vaccine-cpt-codes>

Program Assignment

Program Assignment for COVID-19 vaccination

- Assign to the program that is providing the COVID-19 vaccination.
- If a patient is seen only for COVID-19 vaccination, then code as Immunization (IM). When a COVID-19 vaccination is given as part of a clinic service, for example a patient presents to Family Planning Clinic and receives COVID-19 vaccination, assign the program of the clinic where the patient presented.

Billing

“Vaccine doses purchased with U.S. taxpayer dollars will be given to the American people at no cost. However, vaccination providers may be able to charge administration fees for giving the shot. Vaccination providers can get this fee reimbursed by the patient’s public or private insurance company or, for uninsured patients, by the Health Resources and Services Administration’s Provider Relief Fund (HRSA).”

Source: CDC, <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/8-things.html>

It is recommended to review your private insurance’s resources for specific billing guidance pertinent to that insurance.

Make sure you enter the CPT Codes for the vaccine and the administration fee into your billing system and the COVID-19 Vaccine Management System (CVMS).

Vaccine CPT Code	ICD-10 Code	Vaccine Admin Code(s)	Vaccine Name	Unit of Coverage	NDC 11 Digit Product ID
91300	Z23	0001A (1 st dose) 0002A (2 nd dose)	Pfizer BioNTech COVID-19 Vaccine	0.3mL	59267-1000-01 59267-1000-02 59267-1000-03 NDC Units reported as “UN1”
91301	Z23	0011A (1 st dose) 0012A (2 nd dose)	Moderna COVID-19 Vaccine	0.5mL	80777-0273-10 80777-0273-99 NDC Units reported as “UN1”
91303	Z23	0031A	Janssen COVID-19 Vaccine	0.5mL	59676-0580-15 NDC Units reported as “UN1”

NC Medicaid & NC Health Choice COVID-19 Vaccine Administration Billing Guidance

Update: Effective March 15, 2021 NC Medicaid is aligning reimbursement for COVID-19 vaccine administration with the Centers for Medicare & Medicaid Services' (CMS) increased Medicare rate. Medicaid will pay \$40 for the administration of single-dose COVID-19 vaccines. For COVID-19 vaccines requiring multiple doses, Medicaid will pay \$40 for each dose in the series.

For dates of service through March 14, 2021:

- Administration of a single-dose COVID-19 vaccine - \$28.39
- Administration of the first dose of a COVID-19 vaccine requiring a series of two or more doses - \$16.94
- Administration of the final dose of a COVID-19 vaccine requiring a series of two or more doses - \$28.39

For dates of service on or after March 15, 2021:

- Administration (per dose) of a COVID-19 vaccine - \$40.00

- The ICD-10-CM diagnosis code required for billing is: Z23 - Encounter for immunization
- Providers must bill 11-digit NDCs
- The NDC units should be reported as "UN1"
 - Pfizer BioNTech COVID-19 Vaccine 0.3mL = 1 unit
 - Moderna COVID-19 Vaccine 0.5mL = 1 unit
- Claims must contain both administration codes and vaccine codes to pay.
- Vaccine codes should be reported as \$0.00.
- Claims for first vaccine dose must have been processed in NCTracks prior to processing a claim for second dose.
- Modifiers
 - TJ modifier should be used for NC Health Choice claims (age 6 through 18 years).
 - EP modifier should be used for all non-NC Health Choice (only Medicaid beneficiaries) younger than 21 years of age.

If you have any questions about product specific information, please contact the Immunization Branch Help Desk at 1-877-873-6247 and press option '6.' If you have any questions about billing NC Medicaid, please call the GDIT Call Center at 1-800-688-6696.

Visit Medicaid's website for these guidelines: <https://medicaid.ncdhhs.gov/providers/medicaid-bulletin>

SL Modifier

The SL modifier is pertinent to Medicaid only. The SL modifier signifies that a vaccine has been state supplied. This modifier is used for the extrapolation of data during Medicaid Cost Settlement, in which state supplied vaccines that are reported at no charge are then removed from Medicaid Claims Paid Reports.

Medicare COVID-19 Vaccine Administration Billing Guidance

Update: Effective March 15, 2021 CMS has increased the reimbursement rate for COVID-19 vaccine administration to \$40. Medicare will reimburse \$40 for single dose COVID-19 vaccine administration. For COVID-19 vaccines requiring multiple doses, Medicare will pay \$40 for each dose in the series.

For dates of service through March 14, 2021:

- Administration of a single-dose COVID-19 vaccine - \$28.39
- Administration of the first dose of a COVID-19 vaccine requiring a series of two or more doses - \$16.94
- Administration of the final dose of a COVID-19 vaccine requiring a series of two or more doses - \$28.39

For dates of service on or after March 15, 2021:

- Administration (per dose) of a COVID-19 vaccine - \$40.00

- You'll be able to bill on single claims for COVID-19 shot administration or submit claims on a roster bill for multiple patients at one time.
- When COVID-19 vaccine doses are provided by the government without charge, only bill for the vaccine administration. Don't include the vaccine codes on the claim when the vaccines are free.

- If you participate in a Medicare Advantage Plan, submit your COVID-19 claims to Original Medicare for all patients enrolled in Medicare Advantage in 2020 and 2021.

Helpful Medicare Definitions

- **Mass Immunizers:** Mass immunizers can give flu, pneumococcal, and soon COVID-19 shots, to groups of individuals (like people who live in a retirement community). Mass immunizers can be a traditional provider, like a physician, or a non-traditional provider, like a drug store, public health clinic or senior center. We created the mass immunizer specialty for those providers who wouldn't otherwise be eligible for Medicare enrollment. Mass immunizers must submit all claims as roster billed professional claims.
- **Roster billing:** This is a way for you to submit multiple claims for flu, pneumococcal, and soon COVID-19 shots. If you're enrolled as a mass immunizer, you must use roster billing.
 - You must administer the same type of shot to 5 or more people on the same date of service. You must bill each type of shot on a separate roster bill. You can't combine flu, pneumococcal, and COVID-19 shot codes on the same roster bill.
 - It's quick and easy to use roster billing for flu, pneumococcal, and soon COVID-19 shots.
- **Centralized Billers:** Centralized billing allows mass immunizers to send all roster bill claims for flu, pneumococcal, and soon COVID-19 vaccinations to a single Medicare Administrative Contractor (MAC), [Novitas](#), for payment, regardless of where you administer the shots. Medicare makes geographic payment adjustments based on the locality where you administer the shot. You must submit all centralized biller claims as professional.

Health Resources Services Administration (HRSA) COVID-19 Uninsured Program Coding and Billing for COVID-19 Vaccine Administration

Update: Effective March 15, 2021, HRSA COVID-19 Uninsured Program's has increased reimbursement of COVID-19 vaccine administration.

For dates of service through March 14, 2021:

- Administration of a single-dose COVID-19 vaccine - \$28.39
- Administration of the first dose of a COVID-19 vaccine requiring a series of two or more doses - \$16.94
- Administration of the final dose of a COVID-19 vaccine requiring a series of two or more doses - \$28.39

For dates of service on or after March 15, 2021:

- Administration (per dose) of a COVID-19 vaccine - \$40.00

Claims submitted for the administration of a FDA-licensed or authorized vaccine must be submitted as single line item claims, and must include one of the following codes to be eligible for reimbursement:

- Pfizer: 0001A, 0002A
- Moderna: 0011A, 0012A
- Janssen: 0031A

Please note that only the administration of the vaccine is eligible for reimbursement through the HRSA COVID-19 Uninsured Program.

Visit HRSA's Uninsured Program website for these guidelines: <https://coviduninsuredclaim.linkhealth.com/>

Evaluation by Provider related to COVID-19 Vaccination

A provider that consults a patient, either in-person or telemedicine, for the purpose of evaluation of history and/or examination/assessment for receiving the COVID-19 vaccination may code and bill the appropriate evaluation and management service code for services rendered. The record of these visits must meet documentation standards required for reimbursement of services.

SPECIAL BULLETIN COVID-19 #163: Temporary Provider Rate Increases and Clinical Policy Changes Extended

NC Medicaid has determined that it is both necessary and feasible, contingent on official extension of the federal PHE, to continue all temporary fee-for-service rate increases related to COVID-19 through June 30, 2021. As we approach that date, NC Medicaid will reassess both needs and available funding for further extension of temporary rate increases.

Additional Resources

NC Medicaid

[SPECIAL BULLETIN COVID-19 #147: Moderna COVID-19 Vaccine \(N/A\) HCPCS code 91301: Billing Guidelines](#)

[SPECIAL BULLETIN COVID-19 #148: Pfizer-BioNTech COVID-19 Vaccine \(N/A\) HCPCS Code 91300: Billing Guidelines](#)

[SPECIAL BULLETIN COVID-19 #160: Janssen COVID-19 Vaccine HCPCS Code 91303 and 0031A Billing Guidelines](#)

[SPECIAL BULLETIN COVID-19 #162: Medicaid Rate Increases for COVID-19 Vaccine Administration Codes](#)

COVID-19 Vaccine LHD Toolkit (located under "Frequently Requested")
[COVID-19 Vaccine LHD Toolkit](#)

Medicare

[Medicare COVID-19 Vaccine Shot Payment](#)

[Medicare Billing COVID-19 Vaccine Shot Administration](#)

HRSA Portal

[HRSA COVID-19 Claims Reimbursement Portal](#)